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FACSIMILE TRANSMITTAL

TO:

Name: Mail Stop AMENDMENT
Group Art Unit 3731/Examiner Uyen T. Ho

Firm: U.S. Patent & Trademark Office

Fax No.: 571-273-8300

Subject: U.S. Patent Application No. 10/692,545
Gary K. Michelson, M.D.
Filed: October 24, 2003
SYSTEM FOR RADIAL BONE DISPLACEMENT
Attorney Docket No. 102.0003-05000
Customer No. 22882
Confirmation No.: 1113

FROM:

Name: Thomas H. Martin, Esq.

Phone No.: 330-877-2277

No. of Pages (including this): 20

Date: January 16, 2007

Confirmation Copy to Follow: NO

Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR § 1.8

I hereby certify that the attached Transmittal Form (in duplicate; \$1,120.00 total amount to cover the \$1,020 three-month extension fee and \$100 additional claims fee is to be charged to Deposit Account No. 50-3726) and Amendment are being facsimile transmitted to the U.S. Patent and Trademark Office on January 16, 2007.


Sandra L. Blackmon

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FORM PTO-1083

Attorney Docket No.: 102.0003-05000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re application of:

Gary K. Michelson, M.D.

Serial No: 10/692,545

Filed: October 24, 2003

For: SYSTEM FOR RADIAL BONE
DISPLACEMENT

Confirmation No. 1113

Group Art Unit: 3731

Examiner: Uyen T. Ho

JAN 16 2007

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in response to the Office Action of July 13, 2006 in the above-identified application.

☐ No additional fee is required.☒ Applicant hereby requests a three-month extension of time to respond to the above Office Action.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	73	-	71	2	LG=\$50 SM=\$25	\$50
INDEPENDENT CLAIMS FEE	6	-	10	0	LG=\$200 SM=\$100	\$200
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$0
TOTAL						\$100

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☒ The total amount of \$1,120.00 to cover the \$1,020 three-month extension fee and \$100 additional claims fee is to be charged to Deposit Account No. 50-3726.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-3726. A copy of this sheet is enclosed.☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17Respectfully submitted,
MARTIN & FERRARO, LLP

Date: January 16, 2006

By: 

Thomas H. Martin

Registration No. 34,383

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